



## HURON VALLEY AMBULANCE

# CARECARD

*This form provides valuable information to emergency responders.  
Keep one copy in a visible place on your refrigerator and another in your purse or wallet.*

Keep your information up-to-date! When your information changes, you can print a new form from our website: [bit.ly/hva-carecard](http://bit.ly/hva-carecard)

### Patient Information

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

Current age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Primary language: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Typical mental state:  Alert and oriented  Alert w/ some impairment  Confused/disoriented

### Emergency Contact

#### Primary Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Secondary Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information

Medical Insurance Co: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Do you have a DNR? Yes  No

Do you have advanced directives/a living will? Yes  No

If yes to either, please keep a copy of the documentation with this form.

## Medical Data

Medication | Used For | Dosage | Frequency


## Medical History

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No known medical conditions | <input type="checkbox"/> Coronary bypass graft      | <input type="checkbox"/> Pacemaker          |
| <input type="checkbox"/> Alzheimer's                 | <input type="checkbox"/> Diabetes/insulin dependent | <input type="checkbox"/> Renal failure      |
| <input type="checkbox"/> Angina                      | <input type="checkbox"/> Eye surgery                | <input type="checkbox"/> Seizures           |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Hearing impaired           | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Bleeding disorder           | <input type="checkbox"/> Heart valve replacement    | <input type="checkbox"/> Stroke/CVA /TIA    |
| Cancer: _____  | <input type="checkbox"/> Hepatitis                  | <input type="checkbox"/> Tuberculosis       |
| <input type="checkbox"/> Cardiac dysrhythmia         | <input type="checkbox"/> HIV                        | <input type="checkbox"/> Vision impaired    |
| <input type="checkbox"/> Cataracts                   | <input type="checkbox"/> Hypertension               | Other: _____                                |
| <input type="checkbox"/> Clotting disorder           | <input type="checkbox"/> Memory impaired            |   |

## Allergies

- |                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Aspirin      | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Sulfa        |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Latex         | <input type="checkbox"/> Tetracycline |
| <input type="checkbox"/> Codeine      | <input type="checkbox"/> Lidocaine     | <input type="checkbox"/> X-Ray Dyes   |
| <input type="checkbox"/> Demerol      | <input type="checkbox"/> Morphine      | Other: _____                          |
| Environmental: _____                  | <input type="checkbox"/> Novacaine     |                                       |
| Food: _____                           | <input type="checkbox"/> Penicillin    |                                       |

## Notes

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